FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 1012

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
	Labor Organization File Number 019-088			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Annual control of the	Chack			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082			
5. Position in labor organization. Business Manager				
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	or derived income or other economic benefit of attention represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4	Surprise programme control processor			
Sių	gnature			
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) On OS/OS/OS 734-4623660			
	Date Telephone Number			
Form LM-30 (2009)	Page 1 of 2			

Name of Person Filing John Hamilton	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Sullivan Ward Asher & Patton, PC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 25800 Northwestern Hwy, Suite 1000 City Southfied State Michigan ZIP Code + 4 48075-1000	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Provides legal services to the University	on and hancfit
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	\$350,000
State ZIP Code + 4	Breakfest and lunches to discuss u	nion business.
	12.b. Amount.	\$100
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		ene enjekteniskalakak
Trade Name, if any:		de de la companya de
P.O. Box, Bldg., Room No., if any		
Street		ref Condition property and
City		and the second s
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7072	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
Потом в потом	Labor Organization File Number 019-088			
Do Do Div D	Bennementation return that the state of the			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code +4 48150-1082				
5. Position in labor organization.	State Michigan ZIP Code + 4 48150-1082			
Business Manager				
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	I derived income or other economic benefit of			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	I derived income or other economic benefit of			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name	r derived income or other economic benefit of tion represents or is actively seeking to represent.			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned is knowledge and belief, true, correct, and complete. (See the see	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount.			
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount.			

Name of Person Filing John Hamilton		ne Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:		-		
Name Seizert Capital Partners	graderonarios,				
Trade Name, if any:	a. Labor Organization b. Trust	1			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 185 Oakland Ave., Suite 100					
City Birmingham					
State Michigan ZIP Code + 4 48009					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Provides money and in the Union and the Ber		gement services to		
Trade Name, if any:	Western Characteristics				
P.O. Box, Bldg., Room No., if any			work of the control o		
Street	11.b. Approximate dollar value o	of such dealing	\$300,000		
City	12.a. Nature of interest held or				
State ZIP Code + 4	Provided dinner to d	***************************************	nd Fringe fund		
	matters.				
	12.b. Amount.	· · · · · · · · · · · · · · · · · · ·	\$462		
			Name of the control o		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	ondermanus values pels mis minus in monthematical to the state state state of the s	ACADEMIC SERVICE AND ACTION AND ACTION AND ACTION AND ACTION ACTI		
Name					
Trade Name, if any:	es consequence de la consequence della consequen				
P.O. Box, Bldg., Room No., if any					
Street	Publishedition		711000000000000000000000000000000000000		

State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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1. File Number U - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name John M Hamilton	Name Operating Engineers' Local 324				
	Labor Organization File Number 019-088				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110				
City Livonia	City Livonia				
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082				
5. Position in labor organization. Business Manager					
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street (
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the				
Form LM-30 (2003)	Page 1 of 2				

Name of Person Filing John Hamilton	File Number U -				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Bank One, Inc. of Michigan	9. Business deals with: a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 611 Woodward Ave. City Detroit	с. Employeг				
State Michigan ZIP Code + 4 48075 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Operating Engineers' Local 324 Pension Fund Trade Name, if any:	Provides money manager and banking sefund.	ervices to the			
P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver, Suite 700					
	11.b. Approximate dollar value of such dealing.	\$400,000			
City Troy State Michigan ZIP Code + 4 48084	Provided 2 Tickets to the Detroit Pi game -June 2004	stons basketball			
	12.b. Amount.	\$300			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name		TO ADDRESS OF THE STATE OF THE			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	Annual us analysis of the state	and the second s			
Street City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File N	lumber U - /// C	,	2. Fiscal	Year Covered From:			
		N	1	1 / 1 / 2	2004 Through:	12 / 31	2004
3. Name and address of person filing.		4. Name	4. Name, file number, and address of labor organization.				
Name	John	M Hamilton	Name	Operating Eng	gineers' Loc	al 324	
			Labor	Organization File Nu	mber 019-088	8 3	
P.O. B	ox, Bldg., Room No., if any		P.O. I	Box, Building and Roc	om Number, if any		
Street	37450 Schoolcraf	t, Suite 110	Street	37450 Schoolo	eraft, Suite		
City	Livonia		City	Livonia			
State	Michigan	ZIP Code + 4 48150-103	82 State	Michigan		ZIP Code + 4	48150-1082
5. Positi	on in labor organization.	Business Manager	an ye eri iyada ya asan a kari iya da asali ina alima an asali ana asan ga aray ilan asay u u u u u u u u u u u u u u u u u u u				
Ent	er appropriate data below If	, during the past fiscal year, you or you (except as specified in the				f the following in	nterests
		in transactions (including loans) with yer whose employees your organ				esent.	
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.							
Name							Absociated white week
Trade	Name, if any:						Managanaponnosprincipa
P.O. B	ox, Bldg., Room No., if any						
Street		HELLEN MEN HELLEN MEN HELLEN KENNEN SEN SEN SEN SEN SEN SEN SEN SEN SE	7.b. Am	ount.			
City			90000000000000000000000000000000000000	- Constitution of the Cons	nggaarmangunsserangunssandonkerseranssandarberassandonkerseranssandon		
City			accommensation of the second o	Entertain Control	www.filel.habilaniwww.wii.idhilinocowododilinocoko.codu.edocomor.wenialed.dii.codil		
State		ZIP Code + 4	10-00/00/10-00-00-00-00-00-00-00-00-00-00-00-00-0				
45.0		The condensioned declares under none	Signature	od other emplicable wa	maltina of the law	that all of the in	formation
subm	itted in this report (including	The undersigned declares, under pena the information contained in any accon lief, true, chrrect, and complete. (See the control of the cont	npanying docun	nents), has been exan	nined by the signat		
Sign	ed M	Hamile	On	08/08/05	734-462366	en entre suit de la commentation de la contraction de la contraction de la contraction de la contraction de la	
				Date	T	elephone Numb	er
Form LM	-30 (2003)						Page 1 of 2

Name of Person Filing John Hamilton		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Bank One, Inc. of Michigan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 611 Woodward Ave. City Detroit State Michigan ZIP Code + 4 48075	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	<u>-</u>		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name Operating Engineers' Local 324 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver, Suite 700	Provides money man fund.	ager and banking	services to the		
Street 2075 w. Big Beaver, Suite 700	11.b. Approximate dollar valu	ue of such dealing.	\$400,000		
City Troy	12.a. Nature of interest hele	d or income received.			
State Michigan ZIP Code + 4 48084	Provided 2 Tickets game -5/03/04,11/1		Pistons basketball d 12/30/04		
	12.b. Amount.		\$1,200		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant					
(including trade name, if any).	the state of the s				
Name	and an analysis and an analysi		ТРООЛИТИТЕТ		
Trade Name, if any:	To the color of th		THE PROPERTY OF THE PROPERTY O		
P.O. Box, Bldg., Room No., if any	deretischebreiteken		ere of many constitutes		
Street					
City	and the state of t		William Control of the Control of th		
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

*	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
	sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the		
Signed M. Homile	On 08/08/05 734-4623660		
	'Date' Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing John Hamilton	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name Bank One, Inc. of Michigan	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 611 Woodward Ave.	Euroneum-Z	
City Detroit		
State Michigan ZIP Code + 4 48075		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Operating Engineers' Local 324 Pension Fund	Provides money manager and bankin fund.	ng services to the
Trade Name, if any:		**************************************
P.O. Box, Bldg., Room No., if any		TO COMPANY
Street 2075 W. Big Beaver, Suite 700	44 h. Approximate della value of qual-della della	\$400,000
City Troy	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	
State Michigan ZIP Code + 4 48084	Provided 6 Tickets to the Detroit game.	Tigers baseball
	12.b. Amount.	\$240
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	TO THE PROPERTY OF THE PROPERT	osequalation of the state of th
Trade Name, if any:	TO THE PROPERTY OF THE PROPERT	en e
P.O. Box, Bldg., Room No., if any	TO A	100 1
Street	GENERAL DESCRIPTION OF THE PROPERTY OF THE PRO	reaction of the second of the
	ADDA TOTAL DESCRIPTION OF THE TOTAL DESCRIPTIO	opponent unitation
State ZIP Code + 4		MODIFICATION CONTRACTOR CONTRACTO
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

			1 / 1 / 2004 Through: 12 / 31 / 2004						
3. Name and address of person filing.		4. Name, file number, and address of labor organization.							
Name	John M Hamilton		Name	Operating Eng	gineers' Loo	cal 324			
,	Takatan kependalah kependan kependan kependan pendan pendan pendan pendada kedah kedah kedah kedah kedah kedah	bod became said	in particular and an annual section of the section		Labor	Labor Organization File Number 019-088			
P.O. Bo	ox, Bldg., Room No., if an	у [P.O. B	ox, Building and Roc	om Number, if any		
Street	37450 Schoolcra	Et, Su	ite 110		Street	37450 Schoolo	eraft, Suite	9 110	
City	Livonia				City	Livonia			
State	Michigan	an ang manang menanggang ang ang ang ang ang ang ang ang	ZIP Code + 4	48150-1082	State	Michigan		ZIP Code + 4	48150-1082
. Positio	on in labor organization.	Busine	ss Manager						
Heid	an interest in engaged	in franc	actions (includi	ng loans) with or	derived in	come or other eco	nomic henefit of	*	
noneta 3. Name Name	an interest in, engaged iny value from an employer and address of Employer Name, if any:	oyer wh	ose employees	s your organizat	ion repres		seeking to repre	esent.	
Name Name	and address of Employer	oyer who	ose employees	s your organizat	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
noneta Name Name Trade I	e and address of Employer Name, if any:	oyer who	ose employees	s your organizat	ion repres	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
Name Name Trade I	e and address of Employer Name, if any:	oyer who	ose employees	s your organizat	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
Name Name Trade I P.O. Bo	e and address of Employer Name, if any:	oyer who	ose employees	s your organizat	7.a. Nati	sents or is actively ure of Interest, Transa	seeking to repre	esent.	
noneta 3. Name Name Trade I P.O. Be Street City State	e and address of Employer Name, if any: ox, Bldg., Room No., if an	y	g trade name, if a	s your organizat	7.a. Natu	punt.	seeking to repre-	esent.	formation
Name Name Trade I P.O. Bo Street City State 15. Si submi	e and address of Employer Name, if any:	y . The unc	zirade name, if a	s your organizat any). Sign s, under penalty of did in any accompan	7.a. Natu 7.b. Amo	punt. d other applicable peents), has been example.	seeking to repre- action, or Income. enalties of the lawnined by the signs	esent.	
noneta 3. Name Name Trade I P.O. Bo Street City State 15. Si submi	e and address of Employer Name, if any: ox, Bldg., Room No., if an ignature and verification itted in this report (includintsigned's knowledge and b	y . The unc	zirade name, if a	s your organizat any). Sign s, under penalty of did in any accompan	7.a. Natu 7.b. Amo	punt. d other applicable peents), has been example.	seeking to repre- action, or Income. enalties of the lawnined by the signs	r, that all of the in atory and is, to th	

Name of Person Filing John Hamilton	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name Bank One, Inc. of Michigan	generous g	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 611 Woodward Ave.	Language Co. Limptoyol	
City Detroit		
State Michigan ZIP Code + 4 48075		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Operating Engineers' Local 324 Pension Fund	Provides money manager and banking fund.	services to the
Trade Name, if any:		enticolor communication of the
P.O. Box, Bldg., Room No., if any		and the second second
Street 2075 W. Big Beaver, Suite 700		
City Troy	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	\$400,000
State Michigan ZIP Code + 4 48084	Gave a Christmas Basket which was Union clerical staff and employees	
	12.b. Amount.	\$50
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	The second secon	Application and application an
Name	Richard Control of Con	PROPERTY TREE
Trade Name, if any:	THE PROPERTY OF THE PROPERTY O	
P.O. Box, Bldg., Room No., if any	NOTION AND ADDRESS OF THE PROPERTY OF THE PROP	Description of the second of t
Street	distriction	Politic Color and an analysis of the second and analysis of the second and analysis of the second and an analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second analysis of the second and analysis of the second and analysis of the second a
City	PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PRO	Pomular enderson variable
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only OL Read THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
1. File Number U - 7072	2. Fiscal Year Covered From:			
¥	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
	Labor Organization File Number 019-088			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)			

Date

Telephone Number

Name of Person Filing John Hamilton		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:		_	
Name Gary Bighaman Trade Name, if any: Independent Investment Management	a. Labor Organiza	ation		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street 29401 Stephenson Hwy				
City Madison Heights State Michigan ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name Operating Engineers' Local 324 Pension Trust	Provides marketing represent the pens		ney managers who	
Trade Name, if any:			WINDS	
P.O. Box, Bldg., Room No., if any			тологологично	
Street 2075 W. Big Beaver, Suite 700	11.b. Approximate dollar val	ue of such dealing.		
City Troy ·	12.a. Nature of interest he			
State Michigan ZIP Code + 4 48084	Provided two dinne in Florida.	ers at the IUOE I	nternation meeting	
	12.b. Amount.		$\$400^{\text{fig.}}$	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	valt kan punkan para pangan arawa sa sa ku kahan kanan kan manan pangan pangan sa manan sa manan sa manan sa m	manum makkan sa sa manum manum manum makan sa kalam manum manum manum makan sa kalam makan sa kalam makan sa s	
Name	Vicide punish a sistem.		evanations a significant and s	
Trade Name, if any:			Pool Control of the C	
P.O. Box, Bldg., Room No., if any	similar de la companya de la company		797774400000000000000000000000000000000	
Street	16000-00-00-00-00-00-00-00-00-00-00-00-00			
City	ecstretionization		a accompliance of	
State ZIP Code + 4		neliyan dayan filika kina antakinin kakanishi ila mala hidishi dakinda ki ilakan da kina da kana da kana da ka		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7672	2. Fiscal Year Covered From:		
v	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Armount.		
State ZIP Code + 4			
Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see Signed Signed Form LM-30 (2003)	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.) On O8/08/05 734-4623660 Date Telephone Number		
1 OHI EN 00 (2000)	Page 1 of 2		

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actival (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BeneSys, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver City Troy	9. Business deals with: a. Labor Organization b. Trust c. Employer
State Michigan ZIP Code + 4 48084 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Provides clerical, administrative and computer services as a Third Party Administrator to the Union and the Fringe Benefit plans. 11.b. Approximate dollar value of such dealing. \$1,000,000
City ZIP Code + 4	12.a. Nature of interest held or income received. Breakfest and lunches to discuss union and fund business.
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number **U** - 7872

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 School graft Suite 110	Street		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
A. Held an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions): derived income or other economic benefit of		
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sigr	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned sknowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed W. Warman	Exercise in time of six and consists of a special control of a special c		
orm LM-30 (2003)	Page 1		

Name of Person Filing John Hamilton	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name BeneSys, Inc.	[]	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 2075 W. Big Beaver	bassessed.	
City Troy		
State Michigan ZIP Code + 4 48084		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provides clerical, administrat services as a Third Party Adm and the Fringe Benefit plans.	inistrator to the Union
Trade Name, if any:	and the fittinge benefit plans.	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing	g. \$1,000,000
City	12.a. Nature of interest held or income reco	
State ZIP Code + 4	Lunch after Trustees meeting	
	12.b. Amount.	\$84
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	Action and the second s	
Trade Name, if any:	ALONE AND	**************************************
P.O. Box, Bldg., Room No., if any	A GOLD THE CONTRACTOR	
Street	multi-	A second
City	Nanahanan menerakan kerakan ke	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
	Labor Organization File Number 019-088			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-10				
5. Position in labor organization. Business Manager				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.b. Allount.			
City				
State ZIP Code + 4	Provinces Colonia de C			
Signature				
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accor undersigned's knowledge and belief, true, correct, and complete. (See t	on the information of the information of the section on penalties in the instructions.) On Date Telephone Number			
Form LM-30 (2003) Page 1 of 2				

Name of Person Filing John Hamilton	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name BeneSys, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver City Troy State Michigan ZIP Code + 4 48084	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. Provides clerical, administrative and computer services as a Third Party Administrator to the Union and the Fringe Benefit plans. 11.b. Approximate dollar value of such dealing. \$1,000,000 12.a. Nature of interest held or income received. Dinner at IUOE Annual Meeting in Florida.			
	12.b. Amount. \$250			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment.				
(including trade name, if any). Name				
P.O. Box, Bldg., Room No., if any Street City				
State ZIP Code + 4	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	Transcorer -			